

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT
DISTRICT OF DELAWAREJoel L. Smith

Plaintiff

V.

WARDEN TOM CARROLET ALI

Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER: 06 - 464

I, Joel Lee Smith declare that I am the (check appropriate box)• • Petitioner Plaintiff Movant • • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? • Yes • No (If "No" go to Question 2)If "YES" state the place of your incarceration Delaware Correctional Center ^{SD scanned}Inmate Identification Number (Required): 515785Are you employed at the institution? NO Do you receive any payment from the institution? NOAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions2. Are you currently employed? • • Yes • No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|----------------|---------------|
| a. Business, profession or other self-employment | • • Yes | <u>• • No</u> |
| b. Rent payments, interest or dividends | • • Yes | <u>• • No</u> |
| c. Pensions, annuities or life insurance payments | • • Yes | <u>• • No</u> |
| d. Disability or workers compensation payments | • • Yes | <u>• • No</u> |
| e. Gifts or inheritances | • • Yes | <u>• • No</u> |
| f. Any other sources | <u>• • Yes</u> | <u>• • No</u> |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

will receive in the futureFAMILY - Dont know what I

AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts?

• • Yes

• • No

If "Yes" state the total amount \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes

• • No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

T H - my son -

I declare under penalty of perjury that the above information is true and correct.

July 25, 2006
DATE

Joel Lee Smith
SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

Individual Statement

Date Printed: 7/25/2006

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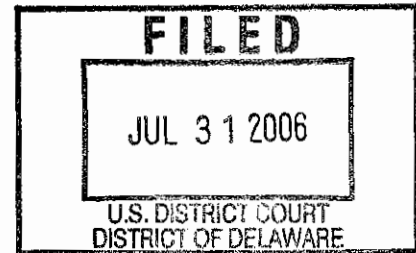
For Month of January 2006

SBI 00515785	Last Name SMITH	First Name JOEL	MI SUFFIX	Beg Mth Balance: \$41.59
Current Location: SU/1		Comments: QOL1		

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Canteen	1/4/2006	(\$9.94)	\$0.00	\$0.00	\$31.65	204197			
Canteen	1/17/2006	(\$24.35)	\$0.00	\$0.00	\$7.30	209909			
Mail	1/23/2006	\$10.00	\$0.00	\$0.00	\$17.30	212123	45817383494		UNK
Ending Mth Balance:					\$17.30				

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00



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Individual Statement

For Month of February 2006

Date Printed: 7/25/2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$17.30					
00515785	SMITH	JOEL									
Current Location:		SU/1	Comments: QOL1								
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName		
Canteen	2/1/2006	(\$9.85)	\$0.00	\$0.00	\$7.45	215854					
Mail	2/1/2006	\$20.00	\$0.00	\$0.00	\$27.45	216714	8559499138		B. FRYER		
Medical	2/3/2006	\$0.00	(\$4.00)	\$0.00	\$27.45	218432		1/16/06			
Medical	2/3/2006	(\$4.00)	\$0.00	\$0.00	\$23.45	218564		1/16/06			
Canteen	2/14/2006	(\$9.83)	\$0.00	\$0.00	\$13.62	222480					
Mail	2/15/2006	\$20.00	\$0.00	\$0.00	\$33.62	223758	08559499770		B. FRYER		
Mail	2/24/2006	\$20.00	\$0.00	\$0.00	\$53.62	227238	08890995666		FRYER		
Canteen	2/28/2006	(\$9.99)	\$0.00	\$0.00	\$43.63	227990					
					Ending Mth Balance:	\$43.63					

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

Individual Statement

Date Printed: 7/25/2006

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For Month of March 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$43.63			
00515785	SMITH	JOEL							
Current Location:		SU/1	Comments: QOL1						
Non-Medical Hold									
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName	
Canteen	3/14/2006	(\$29.55)	\$0.00	\$0.00	236068				
Canteen	3/28/2006	(\$9.91)	\$0.00	\$0.00	241725				
					Ending Mth Balance:	\$4.17			

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

Individual Statement

Date Printed: 7/25/2006

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For Month of April 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$4.17			
00515785	SMITH	JOEL							
Current Location:	SU/1				Comments: QOL1				
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Canteen	4/11/2006	(\$3.98)	\$0.00	\$0.00	\$0.19	247598			
					Ending Mth Balance:	\$0.19			

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

Individual Statement

Date Printed: 7/25/2006

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For Month of June 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$10.32			
00515785	SMITH	JOEL							
Current Location:	SU/1				Comments: QOL1				
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Mail	6/9/2006	\$60.00	\$0.00	\$0.00	\$70.32	277786	08895523072		B. FRYER
Canteen	6/13/2006	(\$4.95)	\$0.00	\$0.00	\$65.37	278404			
Mail	6/22/2006	\$20.00	\$0.00	\$0.00	\$85.37	282948	08895520912		B. FRYER
					Ending Mth Balance:	\$85.37			

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

Individual Statement

Date Printed: 7/25/2006

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For Month of July 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$85.37
00515785	SMITH	JOEL				
Current Location:		Comments: QOL1				
SU/1						

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Canteen	7/5/2006	(\$52.57)	\$0.00	\$0.00	\$32.80	287202			
Canteen	7/18/2006	(\$5.60)	\$0.00	\$0.00	\$27.20	292501			
Ending Mth Balance:					\$27.20				

Total Amount Currently on Medical Hold: \$0.00**Total Amount Currently on Non-Medical Hold: \$0.00**